Rehabilitation Protocol
Anterior Instability Repair

General Instructions:
- Therapy is to begin 2 weeks after the surgery.
- The patient should work with their therapist 1-3X per week until released by the surgeon.
- Do not add or skip any part of this program. If you have concerns please contact my office.
- Goals: The 2 main goals of this physical therapy program are to:
  - Have full active and passive range of motion by 3 months after surgery
  - Return to sport by 18-24 weeks after surgery

Sling Wear:
- Patients must wear their sling at all times for the first 6 weeks after surgery, this does include while they are sleeping. Patients may only remove the sling to perform therapy exercises and for showering.

Ice:
- The use of ice or ice machine is encouraged to help control pain and inflammation after surgery.

Questions/Concerns:
- Therapists – if you have questions or concerns, please contact me directly or my office. Email is best for non-urgent issues: Adam.Seidl@ucdenver.edu

PROTOCOL
All time points are based on time since surgery:

0-2 Weeks
- Wrist and Elbow ROM Only
2 Weeks
- Passive/active assist forward elevation (FE) to 90 degrees
- Passive/active assist external rotation (ER) to neutral with arm at the side
- Gentle Isometrics (no ER/IR)

4 Weeks
- Passive/active assist forward elevation (FE) to 120 degrees
- Passive/active assist external rotation (ER) to 20 degrees with arm at the side
- Passive/active assist Abduction to 90 degrees
- Scapula protraction/retraction (with arm in sling until 6 weeks post-op)
- No combined Abduction and ER!

6 Weeks
- May discontinue sling usage, unless in crowd, or on slippery surfaces
- Unlimited passive/active assist in FE
- May being active motion in all planes
- Posterior glides OK (no anterior)
- Resisted isometrics (no IR)
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8 Weeks
- Continue to progress with active motion
- May slowly progress to resisted exercise with therabands

12 Weeks
- May begin sport specific exercises

18-24 Weeks
- Return to play with approval of surgeon